

Maine Department of Labor
UNEMPLOYMENT COMPENSATION DIVISION
P.O. Box 259
Augusta, Maine 04332

INFORMATION ON EMPLOYMENT RELATIONSHIP WITH SALES PERSON

Company	Sales Person
Business Name	Address
Address	
	Social Security No.
Telephone No.	Telephone No.

- 1 Describe the company's type of business. _____
2. Describe this person's duties _____
3. What is the method of payment? (hourly, commission, etc.)
How often? _____ Was amount negotiated with company? _____
4. How did you come to hire this person? _____
- 5 What type of work did this person do before this job? _____
6. What are the beginning and ending dates of this employment? _____
- 7 Do you furnish this person with:
Vehicle _____ Samples _____
Drawing Account _____ Business Cards _____
Expense Account _____ Order blanks _____
Company charge accounts _____
Office Facilities _____ Price Lists _____
Telephone _____ Clerical Help _____
8. Is (s)he free at all times to:
Sell for other companies _____
Sell competitive merchandise or services _____
Hold another job simultaneously _____
9. Do you require:
Attendance at sales meetings _____
Fixed hours of work _____
A minimum number of customer calls during certain intervals _____
Your approval of sales _____

9. Do you require the following of this person? (If yes, please explain)

Reports of any type _____

Duties other than selling _____

Policies or instructions to be followed _____

Liability insurance or a bond _____

10 Do you restrict this person in any of the following:

Sales territory _____

Selling price for the service or product _____

Terms and/or conditions of the sale _____

To whom sales may be made _____

11 May (s)he sell your merchandise or services on credit? _____

If Yes, Does your company carry the accounts receivable? _____

Does your company collect the accounts? _____

Who must stand any credit losses? _____

12 Does this person employ assistants in this work? _____

If Yes, Are they subject to your control? _____

Do you pay them for their services? _____

Are they hired with your knowledge? _____

Can you end their employment? _____

13 Do you have the right to end the employment of this person at any time without any obligation? _____

14. May (s)he end the employment relationship with you at any time without any obligation to your company? _____

15 Does (s)he have a place of business of his/her own? _____

16. Can (s)he lose money in this employment? _____
(If yes, explain how) _____

Please attach any written agreement(s) between you and this person

Remarks: _____

Company Representative _____ Date _____

Title _____